

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 540,445

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11	1					
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19	1					
20		1				
21		1				
22		1				
23		1				
24		2				
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50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	20	←		←		←
TOTAL CLAIMS	23					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						